



WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION TRAINING APPLICATION

ATTN: Training Coordinator
Washington Military Department
Emergency Management Division
Building 20, M/S: TA-20
Camp Murray, WA 98430-5122

Fax: 253-512-7206
URL: <http://www.wa.gov/wsem/>

Name:

Position in Organization:

Name & Address of Organization Represented:

Work Phone:

Work Fax:

Work Email:

Mailing Address:

Home Phone:

Home Fax:

Home Email:

Social Security Number: (Voluntary – Used in Training Reporting System)

Male:

Female:

Course Name and Number:

Course Date:

Courses taken to meet prerequisite, including dates and locations:

I plan to commute each day:

Yes:

No:

**Do you have any disabilities which
require special consideration? If
yes, please explain:**

Yes:

No:

Signature of Participant:

Signature of Local Emergency Management Director/Designee:

Date:

Date:

For additional information on emergency management training, contact the Emergency Management Training Coordinator at r.garrand@emd.wa.gov, 253-512-7048, or Fax: 253-512-7206.

NOTE: Attendance at the Emergency Management Institute (EMI) requires completion of the *FEMA Form 75-5*.

Below For Office Use Only

Approved:

Waiting List:

Prerequisite Met:

Withdraw:

No Show:

Attach: (If Applicable)

Purchase Order #:

Check #:

Course Fee: